

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		6					
8		1					
9		1					
10		6					
11	1						
12	1						
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49							
50							
TOTAL IND.	3						
TOTAL DEP.	23						
TOTAL CLAIMS	26						

CLAIMS	IND		DEP		IND		DEP		TOTAL IND.	TOTAL DEP.	TOTAL CLAIMS
	IND	DEP	IND	DEP	IND	DEP	IND	DEP			
51											
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